Kingdom of Cambodia
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Ministry of Health

Standard Protocol for Baseline Assessment for Cambodia 3.0 Initiative

January 2014

National Center for HIV/AIDS Dermatology and STD

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Preface

Clear information and evidence, findings from research, recommendations from international institutions, and in-country experiences from implementing priority activities were used in developing policies and strategies including those on disease control, maternal and child health and non-communicable diseases.

In compliance with the recommendations of the Ministry of Health, the National Center for HIV/AIDS, Dermatology and STD (NCHADS), collaborated with other concerned national centers and all development partners to collect information and data on achievements of HIV prevention care and treatment over the past ten years, and reviewed the gaps in evidence. In addition, experiences from Cambodia and other countries in the region were also used in developing the Conceptual Framework for Elimination of New HIV Infections by 2020(Cambodia 3.0).

To monitor and evaluate the achievements of the ambitious targets of the Initiative, NCHADS, in collaboration with other concerned national centers and relevant development partners, developed this useful Standard Protocol for Baseline Assessment for Cambodia 3.0 Initiative for collecting baseline information before the implementation of boosted strategies of the Initiative. This standard protocol will also be used for mid-term review and final evaluation of the Cambodia 3.0 Initiative.

The Ministry of Health grants its approval of this standard protocol, and expects that all concerned natioal and international stakeholders will provide information and data collected effectively.

Phnom Penh, 29 / 4 /2014

Prof. ENG HUOT
SECRETARY OF STATE

Acknowledgements

The development of the Standard Protocol for Baseline Assessment for Cambodia 3.0 Initiative has been successful thanks to close collaboration between the National Center for HIV/AIDS, Dermatology and STD (NCHADS) and all national and international stakeholders and development partners. The active participation the Core Group dedicated to this work reflects our firm commitment to develop this useful standard protocol to support the monitoring of the national goal of eliminating new HIV infections in Cambodia (Cambodia 3.0) by 2020.

NCHADS would like to thank all members of the Core Group for dedicating their valuable time in the development of this Standard Protocol for Baseline Assessment for Cambodia 3.0. Although developed in short time period, this document is a useful reference for collecting necessary information to respond our needs , and to fill the gaps in information to support the implementation of the strategies and approaches. Moreover, this Standard Protocol will also be used for mid-term review and final evaluation of the Cambodia 3.0 Initiative.

Phnom Penh, 03 / January /2014

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1. Summary

A robust strategic information component is essential for monitoring progress towards the goals of the *Cambodia 3.0 Initiative*, and to adjust the response during the various implementation phases. NCHADS and partners are committed to undertake a baseline assessment of the current situation at the Operational District level. . The baseline assessment aims to: (1) assess the HIV and STI situation and response at OD level before the start of interventions using core indicators of Cambodia 3.0 Initiative; and (2) establish baseline information for the three main components of the Cambodia 3.0 Initiative against which progress and results will be assessed. The assessments will cover the three major components of the Cambodia 3.0 Initiative, namely Boosted CoPCT, Boosted Linked Response, and Boosted CoC. In addition, cross-programme support will also be part of the assessment. This protocol seeks to provide guidance to stakeholders involved in carrying out the baseline assessments at OD level

The assessment will use a combination of quantitative and qualitative methods. The quantitative component will include mapping of most-at-risk populations (MARPS) and services for MARPS, and collect information on the demand and supply sides of different HIV programme components using a recommended list of indicators. The qualitative component be undertaken in the high disease burden ODs. In the low burden ODs, routine qualitative data collection will be developed based on the lessons learnt from the qualitative assessment in high burden ODs using a simplified tool. In the 32 high burden ODs selected by the National Programme, in-depth interviews (IDI) and focus group discussions (FGD) (of 8-10 key informants) will be used to collect information on supply and demand sides of the programme.

The undertaking of the assessments will be assured by the Cambodia 3.0 Monitoring and Evaluation Team, led and coordinated by the Head of the Research Unit of NCHADS.

In 2013, NCHADS is planning to carry out assessments in 17 ODs, of which:7 demonstration sites in Phnom Penh, Kampong Cham and Siam Reap will be jointly supported by support from the UN system and USAID Flagship Project ; 7 sites will be covered by the Global Fund Grant; 3 sites will be supported by the NCHADS US CDC Cooperative Project.

2. Background and Rationale

As part of Cambodia's commitment to the global Three Zeros' Initiative, the Cambodian Ministry of Health, through the National Center for HIV/AIDS, Dermatology and STD (NCHADS) and development partners, has developed the *Conceptual Framework for Elimination of New HIV Infections in Cambodia by 2020,* known as *the Cambodia 3.0 Initiative.* The framework includes three main strategic directions: (1) elimination of mother-to-child transmission of HIV (e-MTCT) through the Boosted Linked Response Approach; (2) MARPS Prevention and Link to Health Services through the Boosted CoPCT approach; and (3) Improved continuum of care for PLHIV through the Boosted CoC approach. To support the implementation of this framework, various concept papers and standard operating procedures were developed.

A robust strategic information component is essential for monitoring progress towards the goals of the initiative and to adjust the response during the various implementation phases. A baseline assessment of the current situation at each Operational District is required to provide baseline information at the start of the implementation of the initiative. Increased engagement and ownership of the ODs in the implementation, routine monitoring of the initiative is crucial for the success of the initiative. The capacity of the ODs will need to be strengthened to be able to manage and use information to guide the response at local level.

This protocol seeks to provide guidance to stakeholders involved in carrying out the baseline assessment at OD level as part of the implementation of Cambodia 3.0 Initiative.

3. Objectives

3.1 Primary Objective:

- To assess the HIV and STI situation and response at OD level before the start of interventions using core indicators of Cambodia 3.0 Initiative.
- To establish baseline information for the three main components of the Cambodia 3.0 Initiative against which progress and results will be assessed.

3.2 Secondary Objective:

- To determine information gaps crucial for monitoring Cambodia 3.0 for inclusion in the list of core indicators for future monitoring.

4. Programme Components to be assessed

Both supply and demand sides of the health sector HIV programme will be assessed.

4.1 For the supply side, the assessment will cover the following components:

- **Boosted CoPCT**: which includes mapping of MARPS, Outreach/Peer Education programme, STI case management, birth spacing and reproductive health, condom promotion, needle and syringe (and opioid substitution ?) programme.
- **Boosted Linked Response:** which includes point of care HIV testing of Pregnant women, timely provision of ARVs for mothers and infants, early infant diagnosis and Cotrimoxazole prophylaxis and ART for HIV exposed infants
- **Boosted CoC**: which includes HIV testing and counseling, Pre-ART/ART, TB-HIV activities, positive prevention, community-based prevention, care and support (CBPCS), post-exposure prophylaxis (PEP)-both non-occupational and occupational, and treatment as prevention (TasP).
- **Cross-programme support**: which includes programme coordination and management, monitoring and data management system, and logistic supply management system.
- **Efficiency and Equity:** cannot be included in the routine baseline assessment. Efficiency will be assessed and monitored through ad hoc and targeted unit cost analyses, whereas Equity assessments require special studies targeting specific sub-groups. These assessments are planned under Phase II of the Global Fund grant, along with bi-annual expenditure assessments.

4.2 **For the demand side,** perceptions from clients, health care providers, civil society organizations, and managers at provincial and OD levels will be collected using qualitative methods.

5. Methodology

5.1 Data Collection

The assessment will take a mixed methods approach, using both quantitative and qualitative methods.

Mapping of most-at-risk populations (MARPS) and services for MARPS will be part of quantitative component of this assessment. The details are provided in a separated concept paper developed by a Core Group on Boosted CoPCT.

5.1.1 The quantitative component will collect information on supply side of different HIV programme components using list of indicators in Annex 1.

The assessment will (1) collect information for indicators used routinely to report the programme progress; (2) assess the completeness and consistency of data already collected but not yet analyzed; and (3) determine special approaches for collecting new essential indicators . After field-testing in the demonstration sites, these indicators will be included in the list of core indicators from the SOP and concept papers supporting the Cambodia 3.0 Initiatives at the start of or during the implementation of the Cambodia 3.0 Initiative (see Annex 1-List of Core Indicators).

The core indicators were selected through consultations with key stakeholders at the national level based on two criteria: (1) they are essential for monitoring the progress of the "Cambodia 3.0" initiative; (2) data are available (and in most cases already collected) and accessible.

For indicators routinely reported by the programmes, data from the national programmes (HIV, TB, and MCH) and from NGOs working at OD level during the last three months at the start of the assessment will be used to provide findings for the indicators and assess completeness and quality of data.

For the assessment of completeness of data already collected but not yet analyzed: the same data from the national programmes (HIV, TB, and MCH) and from NGO working at OD level will be used to assess completeness of data and gaps of information for other indicators "essential" for the Cambodia 3.0 initiative.

For new essential indicators included in the list of core indicators, special approaches will need to determine to collect this information for future monitoring of the Cambodia 3.0 Initiative.

5.1.2 The qualitative component will only be undertaken in the high disease burden ODs. In the low burden ODs, routine qualitative data collection will be developed based on the lessons learnt from the qualitative assessment in high burden ODs using a simplified tool.

In the 32 high burden ODs selected by the National Programme, in-depth interviews (IDI) and focus group discussions (FGD) (of 8-10 key informants) will be used to collect information on the supply and demand sides of the programme from various key informants (NGO staff, outreach workers (OW), Managers of entertainment establishments (EE), clients, health care providers and civil society organizations, managers at provincial and OD levels. A list of questions matched with each group of respondents will be used for this component (See Annex 2-). Participants will be purposively selected by the assessment team based on the programme component to be assessed. The aim of this purposive sampling is to ensure diverse perspectives on the experiences, needs, challenges and issues faced. It is proposed to conduct the following FGD and IDI in each high burden OD:

Table1: Respondents for IDI/FGD to be conducted in the baseline assessment in each Operational District.

Programme Component	Group of respondents	Number and type of method used
Boosted CoPCT	PWID	2 IDI
	EW	1 FGD
	MSM	1 FGD
	TG	1 FGD
	NGO staff	1IDI
	EE managers	1 IDI
	Local authority representative	2 IDI

	OW	1 IDI
	Pre-ART/ART team	1 FGD
	Staff of Family Health Clinic	1 FGD
	Provincial Staff	2 IDI
	OD staff	1 IDI
Boosted Linked Response	Pregnant women (including from key populations at higher risk)	1 FGD
	HIV+ pregnant women	1 FGD/2 IDI
	Guardians of HIV+ children	1 FGD
	Partners of HIV+ pregnant women	2 IDI
	Pre-ART/ART team	1 FGD
	NGO (CBPCS)	1 IDI
Boosted CoC	PLHIV (male and female)	1 FGD
	Pre-ART/ART team	1 FGD
	Provincial Staff	2 IDI
	OD staff	1 IDI
	Private health care providers	2 IDI

After obtaining consent from respondents, IDI and FGD will be conducted based on question guides provided by Annex 2, and will be recorded with prior permission from the participants.

5.2 Data Analysis

5.2.1 Quantitative component

Data for each indicator will be cleaned and entered by the OD Data Management Officer and double checked for accuracy by the Cambodia 3.0 Monitoring and Evaluation Team. Before the analysis data will be de-identified, stored in safe computers with protection password. A statistical software (Excel, Stata) will be used for the analysis (numerators and denominators from each OD and/or retrospective cohort analysis to determine retention rates along the continuum of care) of the quantitative component based on a list of core indicators included in Annex1.

5.2.2 Qualitative component

Information collected from IDI and FGD will be transcribed in Khmer with summary in English, and saved in Word. The information will be coded, transcribed and analyzed using content and thematic analysis by assessment team members. Characteristics of study participants will be summarized in a table format. Some narrative extracts on the issues to be explored from relevant parts of the FGD and IDI will be used as case studies to exemplify key findings. Where the capacity is not available, additional technical assistance from an external source will be provided to the local assessment teams during the analysis of qualitative data.

6. Preparation for baseline assessment

Prior to the assessment, the Baseline Assessment team will work with the provincial and site coordinators at OD levels to prepare data and select the participants based on the proposed table 1.

Prior to the field activities, a 2-day preparatory workshop will be organized by the Baseline Assessment Team. This involves: (1) briefing on the purpose and methodology of the baseline assessment; (2) reviewing the list of core indicators and questions, process of conducting FGD, IDI, how to obtain consent, how to ensure confidentiality, (3) logistic arrangement of baseline assessment.

6.1 Monitoring and Evaluation Team

Cambodia 3.0 Monitoring and Evaluation Team (MET) will be nominated by NCHADS and consists of the following membership:

6.1.1 National Level

- 1 staff from Technical Bureau of NCHADS
- 2 staff from Research Unit of NCHADS
- 1 Staff from BCC Unit of NCHADS
- 1 staff from AIDS Care Unit of NCHADS
- 1 staff from Planning, Monitoring and Reporting Unit of NCHADS
- 1 staff from Surveillance Unit of NCHADS
- 1 staff from Data Management Unit of NCHADS
- 1 Staff from Logistic Supply Management Unit of NCHADS
- 1 Staff from NMCHC
- 1 Staff from CENAT
- Staff from selected development and/or non-government partners
    - UN (WHO, UNICEF, UNAIDS)
    - Flagship represented by KHANA

- The Global Fund ?
- US CDC

6.1.2 Provincial and OD Levels

- Strategic Information Officer of the PASP of the province where assessment is undertaken
- Provincial MCH Programme Manager of the province where assessment is undertaken
- Provincial TB Programme Manager of the province where assessment is undertaken

  BCC Officer of the PASP of the province where assessment is undertaken
- OD HIV Coordinator
- OD MCH Coordinator
- OD TB Supervisor
- Participating development partners and/or non-government organizations working in the area covered by the assessment

The MET will be responsible for preparing and carrying out the baseline assessment, the mid-term review and evaluation of the Cambodia 3.0 Initiative.

One staff member of NCHADS Technical Bureau will provide the oversight on the overall implementation of the assessment. Staff from the Research Unit will coordinate the work of MET members, and will work closely with selected consultants/firms and other relevant technical units of NCHADS (DMU, AIDS Care Unit, HTC Unit, STI Units,…) in preparing, implementing the assessments as well as disseminating the results.

6.2 Implementation Arrangements

A public-private partnership approach will be adopted in conducting the assessments. Some activities will be outsourced to selected consultant(s)/firms. Roles and Responsibilities of NCHADS, MET and the selected consultants/firms are provided in the table below:

6.2.1 Roles and Responsibilities of NCHADS/MET and Selected Consultant(s)/Firm

No	Tasks	NCHADS/MET	Selected Consultant(s)/Firm
1	- Finalization of Protocol and Annexes - Translation (Khmer &English) - Design & printing	☑ Input from TWG on protocol development	

2	Data source pre- assessment in Phnom Penh (3 days) - Mapping of sites and identification of target groups - Check quantitative indicators: data availability, sources - Outcome: tool that will be used for data collection and identification people for training - Pre-test qualitative questions?	MET	☑
3	**Pre-data collection training (2days)** - Training module (objective, process data collection....) - schedule for data collection+ teams per OD - Informed consent, confidentiality -	MET	☑
4	Data collection		
4.1	- Quantitative 7 days (indicative – to be refined based on pre-test and demonstration site experience)	MET Oversight, Facilitation, coodinationOn site check	☑ Data collection
	- Qualitative 10 days (indicative – to be refined based on pre-test and demonstration site experience)	MET Oversight, Facilitation, coodinationOn site check	☑ Data collection
4.2	Data management		
	- Data entry and cleaning (Quantitative data)	MET Oversight,	☑
	- Coding and transcription	MET	☑

	IDI	oversight	
	- Coding and transcription FGD	MET oversight	☑
4.3	Data analysis		
	- Quantitative	MET oversight	☑
	- Qualitative	MET oversight	☑
	- Report writing	MET oversight	☑
5	Field supervision research/MET	MET	
6	Preparation& dissemination results	MET	☑ participate

6.2.2 Roles and Responsibilities of Parties involved in the baseline assessment

The following roles and responsibilities for each stakeholder involved in carrying out the assessment are as follows:

6.2.2.1 Stakeholders (Umbrella NGOs, UN , Bilaterals, Local NGOs)

- Provide funding and technical oversight to the process
- Assist with recruitment of external TA

6.2.2.2 National programmes (NCHADS[(Research, DMU, Monitoring and reporting Units of NCHADS], CENAT, NMCHC)

- Assist with recruitment of external TA
- Provide technical oversight
- Mobilize funding support
- Coordinate the implementation of the assessment
- Enable timely access to data or carry out aggregate data analysis
- Routinely review the situation

6.2.2.3 PHD (PASP/Provincial MCH Programme/Provincial TB programme):

- Provide coordination and routine monitoring of the field work
- Provide technical oversight to the assessment process and validate the analysis of data.

6.2.2.4 OD staff:

- Collect, analyze and use routine data for improving service delivery through field work, data quality check or supervision.

6.2.3 Estimated Duration and Timeframe

TASK	TIMEFRAME
Finalize the Standard Protocol and Annexes	August 2013
Translation of the Protocol and Annexes	August 2013
Approval of the protocol by the Ministry of Health	August 2013
Preparation of the assessment team: training/workshop	2 days
Quantitative assessment	7 days/site
Data cleaning and dataset development	7 days/site
Data analysis	7/ days/site
Qualitative assessment	
Data collection	10 days/site
Data transcript	10 days/site
Data analysis	10 days/site
Report writing	10 days/site
Dissemination	2 days/ site

6.3 Dissemination

Results from the assessment will be presented ODs where Cambodia 3.0 is implemented.

First steps for developing OD profile will be initiated by the MET based on the finding of the assessment

6.4 Planned Financial Support and Budget

In 2013, NCHADS is planning assessment in 17 sites/OD, of which:

- 7 demonstration sites in Phnom Penh, Kampong Cham and Siam Reap will be jointly supported by support from the UN system (WHO: USD 60,000; UNAIDS: 30,000; UNICEF: USD 20,000) and USAID Flagship Project (US 100, 000)

- 7 sites will be covered by the Global Fund Grant with a planned budget USD 150,000 pending approval based on detailed information from other partners;
- 3 sites will be supported by the NCHADS US CDC Cooperative Project (committed insufficient funds: $20,175 with a requirement to go through CDC IRB review process if funds are used for data collection)

Province/City	OD	Source of funding support
1. Sihanoukville	Sihanoukville	GF
2. Svay Rieng	Svay Rieng	GF
3. Koh Kong	Smach Mean Chey	GF
4. Prey Veng	Neak Loeung	GF
5. Battambang	Sangke	GF
6. Battambang	Sampeou Loun	US CDC
7. Pailin	Pailin	GF
8. Banteay Mean Chey	Poi Pet	GF
9. Banteay Mean Chey	Serey Sophorn	US CDC
10. Phnom Penh	Cheung, Sen Sok, Tbong, Kandal, Lech	UN (UNICEF, WHO, UNAIDS) and USAID Flagship Project
11. Pursat	Sampeou Meas	US CDC
12. Siem Reap	Siem Reap	UN (UNICEF, WHO, UNAIDS) and USAID Flagship Project
13. Kampong Cham	Kampong Siam	UN (UNICEF, WHO, UNAIDS) and USAID Flagship Project

Annex 1-List of Core Indicators

Management, Monitoring and Coordination

Indicator 1: Existence of HIV related coordinating bodies at operational district level	
Definition	Number of coordinating bodies for HIV related services at operational district level
Purpose	To assess and monitor whether every OD has at least one HIV related coordinating body
Method of Measurement	Count number of existing coordinating bodies per OD
Suggested Disaggregation	If more than one coordinating body per OD disaggregate by focus
Data Source(s)	OD Team and TOR for HIV related coordinating bodies
Data Available?	Yes
Indicator 2: Functionality of HIV related coordinating bodies at operational district level	
Definition	Number of meetings of HIV related coordinating bodies at operational district level per calendar year
Purpose	To assess and monitor if the HIV related coordinating bodies at OD level are functional. The target should be related to the workplan and budget (example for 2014 1 meeting should take place every 2 months).
Method of Measurement	OD reports on number of meetings
Suggested Disaggregation	Recorded and non-recorded meetings
Data Source(s)	Meeting registers and OD Team agenda
Data Available?	Yes
Indicator 3: Effectiveness of HIV related coordinating bodies at operational district level	
Definition	Number of action points recorded in meeting registers of which execution was monitored in subsequent meetings per calendar year
Purpose	To assess and monitor effectiveness of HIV related coordinating bodies at OD level through their level of implementation and follow-up.
Method of Measurement	Count number of recorded action points per calendar year of which execution was monitored in subsequent meetings
Suggested Disaggregation	Action points that were implemented versus unimplemented
Data Source(s)	Meeting minutes at OD level
Data Available?	Yes
Indicator 4: Supervision at Operational District Level	
Definition	Number of supervision visits to HIV service sites per OD to improve service delivery per calendar year
Purpose	To assess and monitor if at least 2 supervision visits per OD is conducted every year
Method of Measurement	Count number of supervision visits per calendar year by OD
Suggested Disaggregation	- By OD - Recorded and unrecorded visits

	- Origin of visits by: national, provincial, district
Data Source(s)	OD Team, Provincial and National records, supervision reports
Data Available?	Yes
Indicator 5: Programme data reporting	
Definition	Number of programme data reports submitted by the district per calendar year
Purpose	To assess and monitor if 4 programme data reports, one per quarter, are submitted by each OD in each calendar year
Method of Measurement	Count if each OD submitted 1 data report/quarter for total of 4/year
Suggested Disaggregation	By complete/ incomplete By one time/late
Data Source(s)	Reports to Provincial Level
Data Available?	Yes

Logistic Supply Management

Indicator 6: % of months that the ART site had a stock-out of one or more required antiretroviral drugs in the past 12 months	
Definition	Proportion of last 12 months that ART site had a stock-out of one or more required antiretroviral drugs
Purpose	To measure the effectiveness of the PSM system and ART site overall inventory management to ensure availability of medicines at all times. Target is 0% stock-out months. ART pharmacists are responsible for ensuring ARVs should always be available at site level to ensure that all prescriptions are filled when patients need treatment.
Method of Measurement	**Numerator:** Number of months that had a stock-out of one or more ARVs **Denominator:** Number of months in a year (12)
Suggested Disaggregation	By name of ARV drugs that are stock-out
Data Source(s)	Stock cards and/or logistic reports at ART pharmacy
Data Available?	Yes
Indicator 7: % of months that the HTC site had a stock-out of one or more required HIV rapid test kits in the past 12 months	
Definition	Proportion of last 12 months that the VCCT site had a stock-out of one or more required HIV rapid test kits
Purpose	To measure the effectiveness of the PSM system and VCCT site overall inventory management to ensure availability of HIV rapid test kits at all times. Target is 0% stock-out months. VCCT site managers are responsible for ensuring HIV rapid test kits

	should always be available to ensure that all suspected HIV patients could be tested in a timely manner so that ART can be initiated, if eligible, with minimal delay.
Method of Measurement	**Numerator:** Number of months that had a stock-out of one or more HIV rapid test kits **Denominator:** 12
Suggested Disaggregation	By name of HIV rapid test kits that are stock-out
Data Source(s)	Stock cards at VCCT or inventory records
Data Available?	Yes
Indicator 8: % Discrepancies between written stock records and actual physical counts of 5 key ARV drugs at the time of assessment visit	
Definition	Proportion of written stock records of 5 key ARVs corresponding to the actual physical count of these drugs in the pharmacy at time of assessment visit. These 5 key ARV drugs are: 1. Zidovudine 300mg + Lamivudine 150mg + Nevirapine 200mg (FDC) 2. Tenofovir 300mg + Lamivudine 300mg +Efavirenz 600mg (FDC) 3. Efavirenz 600mg 4. Atazanavir+Ritonavir (ATV/r) 300mg/100mg 5. Abacavir 600mg + Lamivudine 300mg (FDC)
Purpose	To assess the ability of ART pharmacy staff to keep accurate stock on hand records. Target is 0% discrepancy
Method of Measurement	**Numerator:** Actual physical stock count for each drug **Denominator:** Written stock record for each drug
Suggested Disaggregation	By name of the 5 key ARV drugs
Data Source(s)	Actual physical stock count of each drug and written stock records
Data Available?	Yes
Indicator 9: Number of ARV drugs found in the ART pharmacy that are expired at the time of assessment visit	
Definition	Number of ARV drugs found to be expired in the ART site pharmacy at the time of assessment visit
Purpose	To measure the effectiveness of the PSM system and ART site overall inventory management (including waste management and disposal of expired drugs) to ensure that patients would never be dispensed with expired drugs. Target is 0 expired drugs. From this indicator, it is also possible to assess which ARV are most

	often out of stock and which sites may have difficulty in inventory management.
Method of Measurement	**Numerator:** Number of ARV drugs found in the pharmacy that are expired **Denominator:** None
Suggested Disaggregation	By names of ARV drugs that are expired
Data Source(s)	Visual inspection in the pharmacy and ARV stock cards
Data Available?	Yes
Indicator 10 : % Of patients in last quarter initiating ARV treatment on first-line regimens that are in line with Cambodia national standard treatment guidelines	
Definition	Proportion of patients initiating ARV treatment on first line regimens in line with Cambodia national standard treatment guidelines
Purpose	To measure whether ARV treatments are in line with Cambodia national standard treatment guidelines (STG). Target is 95% Use of ARVs must be in line with national STG as noncompliance can result in irrational use, such as using the wrong choice of an ARV drug combination, which can distort planning and supply, increasing the risk for stock-outs if consumption is different from the quantities received/ordered and increasing the average cost of medicines. It is also important to understand that every patient is prescribed with treatment regimens that reflect unique patient situations, medical history, previous experience with ARVs, drug intolerance, side effects and other clinical factors.
Method of Measurement	**Numerator:** Number of Number of patients initiating 1st line ART regimens in previous quarter, which are in line with the national (may need to provide list of STG regimens) **Denominator:** Total number of patients initiating 1st line ART regimen in the last quarter"
Suggested Disaggregation	By adult versus pediatric patients and by first-line versus second-line regimens
Data Source(s)	Prescription records or Quarterly ARV request form (contains breakdown of patient numbers per regimen)
Data Available?	Yes, through quarterly ARV request forms submitted by each site (need to validate with prescription records, if possible)

Boosted CoPCT

Indicator 11: Reported number of MARPs in each mapping location	
Definition	Total number of individual MARPs attending EEs and other hotspots in target/catchment areas mapped, irrespective of whether or not they are currently being reached by programme.
Purpose	To facilitate the micro-planning carried out by implementers to ensure that all MARPs in each location are receiving the full package of services.

Method of Measurement	Record number of individual MARPs present in each location targeted by mapping teams, irrespective of whether or not they are currently being reached by programmes
Suggested Disaggregation	By MARPS and subgroup of MARPS and by establishment/venue frequented
Data Source(s)	PASP, OD Steering Committee
Data Available?	Yes. will be collected as part of the mapping exercise
Indicator 12: % of individual MARPs who attended HIV-related education sessions	
Definition	The proportion of MARPs individuals who receive HIV related education sessions out of the total estimated number of the population, in the reporting period
Purpose	This indicator illustrates the coverage of BCC services by the various service providers. As the reach of NGO implementers expands this coverage should increase until there is almost universal coverage.
Method of Measurement	**Numerator:** # of individual MARPs who attended at least one HIV-related education session during the reporting period **Denominator:** Total estimated # of individual MARPs in OD assessed based on the mapping exercises
Suggested Disaggregation	by MARPs group/subgroup; by OD/Commune; by sex
Data Source(s)	Numerator: Consolidated data of NGO implementers Denominator: From annual mapping exercises
Data Available?	Yes, through a combination of indicator 13 below (numerator) and the results of the mapping exercise
Indicator 13: % of individual members of MARPs who received at least one sample condom (and lubricant for MSM/TG) free of charge in the last month	
Definition	The proportion of MARPs individuals who received at least one sample condom (and lubricant for MSM/TG) free of charge in the last month
Purpose	This indicator illustrates the coverage of condom promotion services by the various service providers. As the reach of NGO implementers expands this coverage should increase until there is almost universal coverage.
Method of Measurement	**Numerator:** # of individual MARPs who received at least one sample condom (and lubricant for MSM/TG), free of charge **Denominator:** Total estimated # of individual MARPs in OD assessed based on the mapping exercises
Suggested Disaggregation	by MARPs group/subgroup; by OD/Commune; by sex
Data Source(s)	Numerator: Consolidated data of health facilities and NGO implementers Denominator: From annual mapping exercises
Data Available?	Yes, through a combination of indicator 14 below (numerator) and the results of the mapping exercise
Indicator 14: % of individual MARPs who received STI screening/testing at a health facility in the last quarter	
Definition	The proportion of MARPs individuals who received STI screening/testing, out of the total estimated number of the population, in the reporting period.
Purpose	This indicator illustrates the number of people receiving

	screening/testing for STIs in the reporting period. As uptake of STI Testing by MARPs is one of the most critical elements critical elements of the service delivery package this figure should increase over time.
Method of Measurement	**Numerator:** # of individual MARPs who received STI screening/testing at a heath facility in the last quarter **Denominator:** Total estimated # of individual MARPs in OD assessed based on the mapping exercises
Suggested Disaggregation	by MARPs group/subgroup; by OD/Commune; by sex
Data Source(s)	Consolidated data of health facilities , including those operated by NGOs Numerator: Consolidated data from health facilities, including those operated by NGOs Denominator: From annual mapping exercises
Data Available?	
Indicator 15: # of partners of individual MARPs who received STI screening/testing at a health facility in the last quarter	
Definition	The number of partners of individual MARPs who attended a health facility for STI screening/testing in the last quarter
Purpose	To assess the uptake of STI screening/testing by partners of MARPs. As the referral mechanism for Partners of MARPs is rolled out and the capacity of health facilities to identify partners of MARPs improves there should be an increase in the number of partners receiving tests.
Method of Measurement	Count the total number of partners/regular clients/sweethearts that received an STI test at a health facility in the last quarter. Counting will include both those using referral cards issued by an NGO implementer and self-referrals where partners of MARPs are identified at the heath facility. Referral cards are to be collected from the various health facilities by the local NGO implementers. In addition, partners of MARPS who self-refer to health facilities and are identified as such by the health service should be recorded by the health facilities and reported
Suggested Disaggregation	By OD/Commune; by MARPs group
Data Source(s)	Data from: *STI records at health facilities and *Referral cards returned to NGO Implementers
Data Available?	Perhaps, from some sites only. Partner tracing strategy has not been routinely implemented as yet.
Indicator 16: # of PWID who received sterile needles and syringes in the last quarter	
Definition	The number of individual PWID who received at least one set of sterile needles and syringes during the reporting period.
Purpose	Measures the progress in providing harm reduction services, specifically through provision of sterile needles and syringes, to PWID. It's important to note that this indicator does not provide insight on intensity of this service, which should also be monitored to ensure effective harm reduction.
Method of Measurement	Count the number of individual PWID, who received new and sterile needles and syringes at least once during the reporting period, from outreach visits or at needle/syringe programme sites implemented by health facilities or NGOs.
Suggested Disaggregation	by Site; by Sex; by Age

Data Source(s)	Government license holding NSP service providers, MMT Clinics – service delivery registers
Data Available?	Yes
Indicator 17: # of opioid dependent drug users currently enrolled in Methadone Maintenance Treatment Programmes in the OD in the last quarter.	
Definition	The number of opioid dependent drug users enrolled in methadone maintenance treatment programmes on the last day of the reporting period
Purpose	To assess how successful methadone programmes are in reaching and enrolling opioid dependent drug users.
Method of Measurement	Total number of PWID who are enrolled in the methadone maintenance treatment programme on the last day of the reporting period. Patients who have not shown up for 5 or more consecutive days are considered lost to follow-up and should not be counted.
Suggested Disaggregation	by Site; by Sex; by Age
Data Source(s)	MMT clinic, NGOs working with PWID networks
Data Available?	Yes
Indicator 18: # of individual female MARPs who received Reproductive Health Services at a health facility in the last quarter	
Definition	The number of individual female MARPs who received Reproductive Health Services (including family planning, safe abortion, ANC and PMTCT services) at a health facility during the reporting period
Purpose	This indicator assess the actual number of individual female MARPs attending health facilities to access Reproductive Health services
Method of Measurement	Count the total number of female MARPs members who received Reproductive Health services (including family planning, safe abortion, ANC and PMTCT services) at a health facility, including both those using referral cards issued by an NGO implementer and self-referrals. Referral cards are to be collected from the various health facilities by the local NGO implementers. In addition, members of MARPS who self-refer to health facilities and are identified as such by the health service should be recorded by the health facilities and reported.
Suggested Disaggregation	By OD; by MARPs group; by type of referral; by Age
Data Source(s)	Data from: *Records at health facilities and *Referral cards returned to NGO Implementers
Data Available?	Perhaps, at some sites. Current services are not routinely disaggregated for MARPs.
Comments	Will be considered in the future, not for the current baseline assessment
Indicator 19: # of HIV+ MARPS newly enrolled in Pre-ART/ART care during reporting period	
Definition	The number of individual HIV + MARPs newly enrolled in Pre-ART/ART care during the reporting period
Purpose	This is a core indicator which assesses the actual number of HIV+ MARPs newly are enrolled in Pre-ART/ART services to receive treatment and care during the reporting period
Method of Measurement	Count the total number of HIV+ MARPs who were newly registered at Pre-ART/ART sites during the reporting period. This indicator should count both those people referred to the service with a referral card and those who self-referred or were referred through another avenue. Referral cards are to be collected from the various ART sites by the

	local NGO implementers. In addition, HIV+ MARPS who self-refer to Pre-ART/ART sites and are identified as such by the health staff should be recorded and reported.
Suggested Disaggregation	By MARPs group; by OD; by pre ART/ART; by Type of referral; by Sex; by Age.
Data Source(s)	Data to be collected from Pre-ART/patient records or registers at Pre-ART/ART sites and from referral slips from NGO implementers
Data Available?	Perhaps, at some sites. Current services are not routinely disaggregated for MARPs.
Comments	Will be considered in the future, not for the current baseline assessment
Indicator 20: # of HIV + MARPS who are eligible for and put on ART during the last quarter	
Definition	The number of individual HIV + MARPs who are eligible for ART and are receiving treatment on the last day of the reporting period.
Purpose	This is a vital core indicator which assesses the actual number of HIV+ MARPs who are receiving ART
Method of Measurement	Count the total number of HIV +MARPs members who were registered as being on ART on the last day of the reporting period.
Suggested Disaggregation	By MARPs group; by Sex; by Age.
Data Source(s)	Data to be collected from ART registers at ART sites
Data Available?	Perhaps, at some sites. Current services are not routinely disaggregated for MARPs.
Comments	Will be considered in the future, not for the current baseline assessment

HIV Testing and Counseling (HTC)

Indicator 21: Number of adults (aged 15-49) who received HIV tests and results at HTC sites located with ART service in the last quarter.	
Definition	Number of adults (aged 15-49) who received HIV tests and results at HTC sites located with ART service in the last quarter.
Purpose	« To establish the baseline of HTC at VCT co-located with ART
Method of Measurement	1) Count the number of all clients who received 1st test results at the site including walk-in and PITC (TB, pregnant women, etc) clients, and 2) Add the number of clients referred to the site for confirmatory testing.
Suggested Disaggregation	By MARP group, pregnant women, TB patients, STI patient, and partners of PLHIV
Data Source(s)	NCHADS VCCT report
Data Available?	Every quarter. Disaggregated data is not yet available now.
Comment	
Indicator 22: Number of adults (aged 15-49) who received HIV tests and results at HTC sites not co-located with ART sites in the last quarter.	
Definition	Number of adults (aged 15-49) who received HIV tests and results at **HTC sites not co-located with ART sites in the last quarter.**
Purpose	To assess the coverage of VCCT service

Method of Measurement	1) Count the number of all clients who received 1st test results at the site, excluding those referred to confirmatory test; and 2) Add the number of clients who were referred for confirmatory tests and received confirmatory test and results at VCT not co-located with ART sites.
Suggested Disaggregation	By MARP group, pregnant women, TB patients, STI patient, and partners of PLHIV
Data Source(s)	Health facilities (including those operated by NGOs) report
Data Available?	Every quarter. Disaggregated data is not yet available now.
Comment	
Indicator 23 : Number of adults who were first HIV test positive at VCCT, PITC and CPITC services	
Definition	The number of adults who received first HIV test and found positive at VCCT, PITC and CPITC
Purpose	To assess the level of drop-out from first test to confirmatory test. To be interpreted together with indicator 26
Method of Measurement	Count the number of clients who were found to be positive in the first test at VCCT, PITC and CIPTC services.
Suggested Disaggregation	By MARP group, pregnant women, TB cases, STI patients, partners of PLHIV, and other walk-in clients
Data Source(s)	Health facilities (including those operated by NGOs) report
Data Available?	Every quarter. Disaggregated data is not yet available now.
Comment	There is a possibility of double counting if those referred to VCCT co-located with ART sites for confirmatory testing receive another "first test" in addition to confirmatory testing. These additional "first tests" at the VCCT co-located with ART sites should be excluded from the counting of this indicator.
Indicator 24: Number and percentage of adults who were confirmed HIV positive at HTC sites co-located with ART site in the last quarter	
Definition	Number of adults (aged 15-49) who received HIV tests and found positive at HTC sites co-located with ART site in the last quarter.
Purpose	To assess the proportion of confirmed HIV+ among adults detected at HTC sites co-located with ART site in the last quarter
Method of Measurement	Numerator: Number of adults who were confirmed HIV positive detected VCCT,PITC and CPITC during last quarter Denominator: Number of adults (aged 15-49) who received HIV tests and results at VCCT, PITC sites and through CPITC (#26) during last quarter
Suggested Disaggregation	By MARP group, pregnant women, TB patients, STI patient, and partners of PLHIV
Data Source(s)	VCCT reports; CPITC report; ANC register – VCCT data should include the confirmatory test from ANC and TB patients but not CPITC.
Data Available?	Not disaggregated
Comment	

Indicator 25: # of individual MARPs who (1) received an HIV test through outreach CPITC, (2) received the result in the last six months	
Definition	The number of individual MARPs who received a HIV test through CPITC, and out of those tested, the number of people who received their results
Purpose	It indicates the a) total number of individual MARPs who received a HIV test and b) the number of those who received results through CPITC. This indicator is critical; as CPITC is rolled out and expanded the number of people who receive testing (including result) through outreach programmes should increase.
Method of Measurement	Count the total number of individual MARPs during the reporting period: (1) who received HIV testing through CPITC, (2) out of those that tested the number that received their results,
Suggested Disaggregation	by MARPs group; by OD/Commune; by Sex; by those who tested/received their results
Data Source(s)	Data from NGO implementers – CPITC records.
Data Available?	Yes
Comment	
Indicator 26: # of individual MARPs who are confirmed positive through CPITC in the last six months	
Definition	The number of individual MARPs who received a HIV test through CPITC, and found positive in the last six months
Purpose	It will be possible to use the information regarding the number of individual MARPs who are tested positive through CPITC, to inform programming and to assess whether the most at risk are being targeted.
Method of Measurement	Count the number of individual MARPs tested positive among those tested and received their results during last 6 months
Suggested Disaggregation	by MARPs group; by OD/Commune; by Sex; by those who tested/received their results/tested positive
Data Source(s)	Data from NGO implementers – CPITC records.
Data Available?	Yes
Comment	
Indicator 27: # of partners of MARPs who (1) received an HIV test through outreach CPITC, and (2) received the result	
Definition	The number of partners of individual MARPs who received a HIV test through CPITC, and the number out of those who tested who received their results
Purpose	It indicates the total number of partners of MARPs who received a HIV test and results through CPITC. This indicator is critical as CPITC and the partner tracing strategy are rolled out and expanded the number of partners who receive testing through outreach CPITC should rise.
Method of Measurement	Count the total number of partners of MARPs during the reporting period: (1) who received HIV testing through CPITC, (2) out of those that tested the number that received their results,
Suggested Disaggregation	By MARPs group; by OD/Commune; by Sex; by those who tested/received their results.
Data Source(s)	Data from NGO implementers – CPITC records.
Data Available	Perhaps, from some implementers
Comment	Partners of individual MARPs need to be defined.
Indicator 28: # of partners of individual MARPs, who are confirmed positive in the last six months	
Definition	The number of partners of individual MARPs who are tested positive in

	the last six months
Purpose	It will be possible to use the information regarding the number of partners who are testing positive, to inform programming and to assess whether the most at risk are actually being targeted.
Method of Measurement	Count the number of partners of individual MARPs, who are tested positive among those tested and received their results during the reporting period.
Suggested Disaggregation	by MARPs group; by OD/Commune; by Sex; by those who tested/received their results/tested positive
Data Source(s)	VCCT records, Data from NGO implementers – CPITC records
Data Available?	Limited if any
Comment	Partners of individual MARPs need to be defined.
Indicator 29: Proportion (%) of pregnant women who know their HIV status (who are tested and received their results, regardless of the positivity of the test)	
Definition	Percentage of pregnant women (out of estimated pregnant women) who know their HIV status (regardless of the positivity of the test). This includes women tested at ANC, labor and delivery, and women with previously known their HIV status.
Purpose	To assess the proportion of pregnant women who know their HIV status (regardless of the positivity of the test).
Method of Measurement	**Numerator**: # pregnant women who are tested and receive their result (at ANC and labor and delivery service) plus those with previously known HIV status. **OD Denominators**: Estimated # pregnant women/# pregnant women attending ANC1 National Denominator: Estimated # pregnant women (PW)
Suggested Disaggregation	For OD monitoring purposes, it is important to additionally monitor the percentage of pregnant women attending ANC1 who know their status (were tested and received their results). This should therefore be disaggregated also.
Data Source(s)	NMCHC (PMTCT/Linked Response report)
Data Available?	Every quarter
Comment	To be monitored at OD, PHD and national levels
Indicator 30: Proportion (%) of pregnant women identified as HIV positive	
Definition	Percentage of pregnant women who tested positive for HIV. This includes newly tested positive pregnant women (at ANC, and labor and delivery) and those with previously known HIV positive.
Purpose	To identify HIV positive among pregnant women requiring appropriate follow-up and treatment
Method of Measurement	**Numerator**: # pregnant women who are tested positive for HIV at HTC co-located with ART service **OD Denominators**: Estimated # pregnant women (PW National denominator: Estimated # pregnant women (PW)
Suggested Disaggregation	Disaggregate 1) newly identified and 2) previously known HIV positive pregnant women. This is important as more intensive follow-up and treatment support may be needed for newly identified HIV+ PW.
Data Source(s)	NMCHC (PMTCT/Linked Response Report)
Data Available?	Every quarter
Comment	Recommended to be monitored and compiled case by case quarterly at OD level – to allow active patient follow-up. To be monitored at OD, PHD and national levels

Indicator 31: Proportion (%) of partners of HIV positive pregnant women who know their status (regardless of the positivity of the test)	
Definition	Percentage of partners of HIV positive pregnant women who are tested for HIV and received their result.
Purpose	To assess proportion of partners of HIV positive pregnant women know their status and ensure appropriate follow-up and treatment if positive
Method of Measurement	**Numerator**: # partners of HIV positive pregnant women who are tested for HIV and received their results per OD **Denominators**: # of pregnant women identified as HIV positive per OD (including previously known positives)
Suggested Disaggregation	None
Data Source(s)	NMCHC (PMTCT/Linked Response Report) or VCCT
Data Available?	Every quarter
Comment	This may be monitored by NCHADS in future. The term partners of HIV positive pregnant women will need to be defined.
Indicator 32: Proportion (%) of partners of HIV positive pregnant women testing positive for HIV	
Definition	Percentage of partners of HIV positive pregnant women who tested positive for HIV.
Purpose	To assess the rate of HIV infection among partners of HIV positive pregnant women and ensure appropriate follow-up and treatment
Method of Measurement	**Numerator**: # partners of HIV positive pregnant women who tested positive for HIV. **Denominators**: # pregnant women identified as HIV positive per OD (including previously known positives)
Suggested Disaggregation	None
Data Source(s)	NMCHC (PMTCT/Linked Response report)
Data Available?	Every quarter
Comment	This may be monitored by NCHADS in future. The term partners of HIV positive pregnant women will need to be defined.

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Indicator 33: Proportion (%) of estimated pregnant women who attend ANC	
Definition	Percentage of pregnant women (out of estimated pregnant women) receiving first ante natal care (ANC1) during the reporting period
Purpose	To assess the coverage of ANC1
Method of Measurement	**Numerator**: # pregnant women attending ANC 1 (at health facility and outreach services) during reporting period **Denominators**: Estimated # pregnant women (PW) (per OD/province/national) during reporting period
Suggested Disaggregation	None
Data Source(s)	NMCHC (PMTCT/Linked Response/HIS report)
Data Available?	Yes
Comment	To be monitored at OD, PHD and national levels

Indicator 34: Proportion (%) of HIV positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child treatment or treatment for their own health.	
Definition	Percentage of HIV-positive pregnant women who received antiretrovirals to reduce the risk of mother-to-child transmission or for their own health
Purpose	Measures progress in preventing mother-to-child transmission of HIV during pregnancy and delivery through the provision of antiretroviral drugs
Method of Measurement	**Numerator:** # positive women who are already on ART (and became pregnant) plus # positive PW who start triple ART during this pregnancy and delivery. **OD Denominator:** # PW who tested positive per OD (including previously known positives) (ART/OI women who become pregnant plus newly diagnosed PW during ANC and delivery) National Denominator: Estimated number of HIV-positive pregnant women within the past 12 months (HIV estimates report)
Suggested Disaggregation	- Women already on ART (and became pregnant) - Women who started ART during pregnancy and delivery (CD4 <350 and >350 or unknown).
Data Source(s)	NCHADS Pre-ART/ART Report (NMCHC: PMTCT/Linked Response report for ARVs provided at Labor and Delivery)
Data Available	Pre-ART/ART quarterly report. HIV estimates report (2011-2015)
Comment	In future, the OD focal point should compile and monitor the cohort using 'case based information' from individual follow up sheets.
Indicator 35: Proportion (%) of HIV positive partners of HIV positive pregnant women who received antiretroviral medications	
Definition	Percentage of HIV positive partners of HIV positive pregnant women who are receiving ARVs
Purpose	Measure progress with active case detection
Method of Measurement	**Numerator**: # of HIV positive partners who received antiretroviral medications **Denominator**: # PW identified positive per OD (including previously known positives)
Suggested Disaggregation	None
Data Source(s)	NCHADS - Pre-ART/ART report
Data Available?	Not currently available
Comment	During baseline, check to what extent data on partners/children is completed on client's first enrolment form (at ART sites). Then, whether any of these family members are registered as receiving ART.
Indicator 36: Proportion (%) of Infants born to HIV-infected women receiving ARV prophylaxis for prevention of mother-to-child-transmission	
Definition	Percentage of infants born to HIV-infected women (HIV-exposed infants) who received antiretroviral prophylaxis (daily NVP suspension) to reduce the risk of early mother-to-child- transmission in the first 6 weeks
Purpose	Measures proportion of HIV exposed infants who received antiretroviral prophylaxis to reduce early mother-to-child transmission (early postpartum, in the first 6 weeks)
Method of Measurement	**Numerator**: # infants born to HIV infected women who received ARV prophylaxis for six weeks

	OD Denominator: # PW identified positive per OD (including previously known positives) **National Denominator**: Estimated number of HIV infected Pregnant women over the last 12 months
Suggested Disaggregation	None
Data Source(s)	NMCHC (PMTCT/Linked Response report)
Data Available?	Yes
Comment	At national level the denominator should be EPW HIV+. In future, OD focal point will be responsible for reporting and monitoring this through case based information compiled from individual follow-up forms.
Indicator 37: Proportion (%) of HIV Exposed Infants receiving CTX within two months of birth	
Definition	Percentage of infants born to HIV-infected women (HIV exposed infants) receiving CTX within 2 months of their birth
Purpose	Measure level of adherence to national protocol necessary for the child's survival
Method of Measurement	**Numerator**: #of HEI receiving CTX prophylaxis within two months of birth **OD Denominator**: # PW identified positive (including previously known positives) **National Denominator**: Estimated number of HIV-infected pregnant women
Suggested Disaggregation	None
Data Source(s)	NCHADS – at national level the denominator should be EPW HIV+.
Data Available?	Yes
Comment	In future, this data should be sourced from both the NCHADS HEI and lab database and compared (for accuracy or level of corroboration).
Indicator 38: Proportion (%) of HIV Exposed Infants receiving DNA PCR test within two months of birth	
Definition	Percentage of infants born to HIV infected women who received an HIV test within two months of birth.
Purpose	Measures progress in providing early HIV virologic testing to HIV-exposed infants aged two months or less, critical for appropriate follow-up care and treatment
Method of Measurement	**Numerator**: # infants born to HIV infected women who received an HIV tested (DNA PCR 1) within two months of birth. **OD Denominator**: # PW identified positive (including previously known positives) **National Denominator**: Estimated number of HIV infected pregnant women giving birth in the last 12 months
Suggested Disaggregation	None
Data Source(s)	NCHADS and NIPH HEI data reports At national level the denominator should be EPW HIV+ sourced from the HIV estimates report.
Data Available?	Yes
Comment	Infants tested should only be counted once. In future, this data should be sourced from both the NCHADS HEI and lab database and compared (for accuracy or level of corroboration).
Indicator 39: Proportion of HIV Exposed Infants identified positive	
Definition	Percentage of infants born to HIV infected women who tested HIV positive.

Purpose	Measures prevalence rate and identifies those infants requiring appropriate follow-up care and treatment
Method of Measurement	**Numerator:** # infants who tested positive with caregivers receiving results **OD Denominator**: # PW identified positive (including previously known positives) National Denominator: Estimated number of HIV infected pregnant women giving birth in the last 12 months
Suggested Disaggregation	- DNA PCR 1 - DNA PCR 2
Data Source(s)	NIPH (NCHADS lab from August 2013)and NCHADS HEI data reports (which should be compared for accuracy) At national level the denominator should be EPW HIV+ sourced from the HIV estimates report.
Data Available?	Yes – both from NIPH (NCHADS lab from August 2013) and NCHADS HEI data reports
Comment	Comparison needed for data corroboration and accuracy
Indicator 40: Proportion of HIV Positive Infants (under 24 months) who receive ART within a month of diagnosis	
Definition	Percentage of HIV positive infants (under 24 months of age) who received ART within two weeks of diagnosis
Purpose	Measures progress in providing timely and appropriate follow-up care and treatment
Method of Measurement	Numerator: # of infants who are initiated on ART within two weeks of positive diagnosis OD & National Denominator: # of HIV+ infants (count infants tested positive during DNA PCR 1 and DNA PCR 2)
Suggested Disaggregation	None
Data Source(s)	PAC database (in future)
Data Available?	Yes
Comment	Currently, this is followed up 'case by case' and reported by Sophal – but we need to further work on this
Indicator 41: Proportion of HEI who died	
Definition	Percentage of HEI who die in the first 24 months of life before they receive final diagnosis after 18 months of age and either transfer out of care or are enrolled in pediatric AIDS care before 24 months.
Purpose	To monitor the rate of death among HIV exposed infants during the critical first 24 months of life when they should receive the HIV antibody test (if they have stopped breastfeeding)
Method of Measurement	**Numerator:** # of infants born to HIV infected mothers who died (aged <24 months) **Denominator:** Estimated number of HIV infected pregnant women
Disaggregation	None
Data Source(s)	NCHADS HIV-exposed infant database Follow up sheet
Data Available?	Yes
Indicator 42 : Proportion of HEI who are lost to follow-up	
Definition	Percentage of HEI who are lost in the first 24 months of life before they receive final diagnosis
Purpose	To monitor the rate of loss among HIV exposed infants during the critical first 24 months of life when they should receive the HIV antibody test (if they have stopped breastfeeding)
Method of Measurement	**Numerator**: # of infants born to HIV infected mothers who were lost to follow up (aged <24 months)

	Denominator: Estimated number of HIV infected pregnant women
Disaggregation	None
Data Source(s)	Exposed Infant Visit form. NCHADS HIV-exposed infant database or Follow up sheet
Data Available?	Yes
Indicator 43: Proportion (%) of HIV-infected women receiving modern contraceptive methods	
Definition	Percentage of HIV-infected women who are users of modern contraception
Purpose	To monitor the level of unmet family planning needs
Method of Measurement	**Numerator:** # HIV positive women receiving a modern contraceptive method **Denominator**: # PW identified positive per OD (including previously known positives)
Suggested Disaggregation	None
Data Source(s)	NCHADS – at national level, the denominator should be female PLHIV
Data Available?	
Indicator 44: Proportion (%) of pregnant women receiving rapid syphilis screening	
Definition	Percentage of pregnant women who received a rapid syphilis test at ANC
Purpose	Identifies pregnant women who might be infected with syphilis and who require a confirmatory RPR test
Method of Measurement	**Numerator**: # of PW received rapid syphilis screening **OD Denominator**: Estimated # PW per OD National Denominator: Estimated # PW
Suggested Disaggregation	None
Data Source(s)	NMCHC – this is currently monitored on the HIS.
Data Available?	Yes
Comment	
Indicator 45: Proportion (%) of PW who screened positive who received confirmatory syphilis test (RPR)	
Definition	Percentage of pregnant women who screened positive who received a confirmatory RPR test
Purpose	This confirmatory test is necessary to identify pregnant women who are infected with syphilis
Method of Measurement	**Numerator**: # of PW screened positive who received an RPR confirmatory test **Denominator**: # of PW screening positive via the rapid syphilis test
Suggested Disaggregation	None
Data Source(s)	NCHADS or NMCHC (HIS) – this is currently monitored on the HIS
Data Available?	
Indicator 46: Proportion of PW who tested RPR positive	
Definition	Percentage of pregnant women who are confirmed positive for syphilis
Purpose	Identifies the proportion of pregnant women who are infected with syphilis and who require appropriate follow-up care and treatment

Method of Measurement	Numerator: # Pw tested RPR syphilis positive Denominator: Estimated # PW per OD
Suggested Disaggregation	None
Data Source(s)	NMCHC – this is currently monitored on the HIS.
Data Available?	Yes
Indicator 47: Proportion of PW confirmed with syphilis infection (RPR positive) receiving syphilis treatment	
Definition	Percentage of pregnant women who are infected with syphilis who received syphilis treatment
Purpose	Measures progress in providing timely and appropriate follow-up care and treatment for syphilis
Method of Measurement	**Numerator:** # PW confirmed with syphilis infection who started treatment **Denominator:** # of PW confirmed positive for syphilis
Suggested Disaggregation	None
Data Source(s)	NMCHC – this is currently monitored on the HIS.
Data Available?	Yes
Comment	
Indicator 48: Proportion (%) of partners of PW who were confirmed positive who received syphilis treatment	
Definition	Percentage of partners of pregnant women who were confirmed positive (RPR) who received appropriate syphilis treatment
Purpose	To measure treatment of all exposed intimate partners of syphilis infected Pregnant Women
Method of Measurement	**Numerator:** # of partners of PW who receive syphilis treatment **Denominator**: # of PW confirmed positive (RPR)
Suggested Disaggregation	None
Data Source(s)	NCHADS or NMCHC (HIS) – this is currently monitored on the HIS
Data Available?	
Indicator 49: Percentage (%) of infants born to syphilis seropositive women are treated appropriately	
Definition	Percentage of infants born to pregnant women who screened and were confirmed positive for syphilis who received appropriate syphilis treatment
Purpose	To measure the number of infants born to syphilis seropositive women who received syphilis treatment to reduce congenital syphilis.
Method of Measurement	**Numerator:** # of infants born to syphilis positive PW who receive treatment **Denominator**: # of PW confirmed positive (RPR)
Suggested Disaggregation	None
Data Source(s)	NCHADS or NMCHC (HIS) – this is currently monitored on the HIS
Data Available?	

BOOSTED COC

Pre-ART/ART Sites

Indicator 50: Number and percent of pre-ART patients newly enrolled in last 3 months reporting a partner	
Definition	Number and percent of newly enrolled PLHIV pre-ART in last 3 months reporting a partner
Purpose	To identify the target population of TasP and early HTC; to identify additional data needs.
Method of Measurement	**Numerator:** a. Count the number of new PLHIV with marital status = married, OR b. Under Family history table, • Number of spouses (husband or wife) and c. Number of non-spouse partners **Denominator**: number of PLHIV newly enrolled in past 3 months
Suggested Disaggregation	By type of partner
Data Source(s)	Adult initial visit form and Pre-ART database? will check with DMU
Data Available?	We don't know if the form is filled.
Comments	For baseline assessment, data may be available (or likely to limited) only for the initial enrolment visit. For ongoing monitoring, may need to change data collection forms.
Indicator 51: Number and percentage of partners of pre-ART patients with known HIV status on enrolment (TasP indicator)	
Definition	Number and percentage of partners of pre-ART patients with known HIV status on enrolment in the last 6 months
Purpose	To identify the target population of TasP and early HTC; to identify additional data needs.
Method of Measurement	**Numerator:** Number of partners of pre-ART patients with known HIV status **Denominator**: Number of **partners** of PLHIV on Pre-ART
Suggested Disaggregation	by HIV status: HIV+, HIV- in the past 6 months, unknown
Data Source(s)	Adult initial visit form and Pre-ART database will check with DMU
Data Available?	We don't know if the form is filled.
Comments	For baseline assessment, data may be available (or likely to limited) only for the initial enrolment visit. For ongoing monitoring, may need to change data collection forms.
Indicator 52a: Number and percentage of pre-ART patients' partners with unknown status tested for HIV in the last 6 months and knowing their result(TasP indicator)	
Definition	Number and percentage of partners of pre-ART patients with 1) Unknown status 2) Not tested positive before and not tested in the last 6 months 3) Tested over the last 6 months and knowing their result
Purpose	Monitor coverage of testing partners of newly diagnosed PLHIV to initiate appropriate treatment (TasP for the index case or pre-ART/ART for both)

Method of Measurement	**Numerator:** Number of partners of PLHIV on pre-ART tested for HIV over the last six months and knowing their result • Not tested positive before and not tested in the last 6 months **Denominator:** Number of known partners of PLHIV on pre-ART • Not tested positive before and not tested in the last 6 months
Suggested Disaggregation	By sex By age group
Data Source(s)	Pre-ART/ART site report (or VCCT report?). In case of negative test for the partner, record couple as "serodiscordant" for TasP reporting purposes
Data Available?	Where there is active partner tracing and testing, these data should be available (except for the CD4 count)
Comments	
Indicator 52b: Number and percentage of partners of pre-ART patients with unknown status who tested positive for HIV in the last 6 months	
Definition	Number and percentage of partners of pre-ART patients with previously • Not tested positive before and not tested in the last 6 months
Purpose	Monitor 1) Diagnose HIV positive partners of PLHIV for appropriate further case management 2) Sero-status of partners of PLHIV started on ART/TasP
Method of Measurement	**Numerator:** Number of partners of PLHIV on pre-ART tested positive for HIV over the last six months 1) Who had not yet been tested 2) Who tested HIV negative before [Disaggregate per CD4 count: >500 / 500-350 / < 350] **Denominator:** Number of partners of PLHIV on pre-ART HIV tested 1) not yet tested before 2) tested negative before
Suggested Disaggregation	By sex By age group
Data Source(s)	Pre-ART/ART site report (or VCCT report?)
Data Available?	Where there is active partner tracing and testing, these data should be available (except for the CD4 count)
Comments	
Indicator 53: Number of identified discordant couples in the last three months (TasP indicator)	
Definition	Number of seronegative partners of PLHIV enrolled in Pre-ART identified through partner testing
Purpose	To identify denominator for enrolment on TasP
Method of Measurement	Number of partners of PLHIV who are not yet on ART and CD4 350-500 who are tested HIV negative
Suggested Disaggregation	None
Data Source(s)	Pre-ART/ ART site report – serves as denominator for TasP serodiscordant couple indicators
Data Available?	Not yet available in pre-ART report
Indicator 54: Number and percentage of identified discordant couples initiated on ART according to TasP SOP in the last three months (TasP indicator)	
Definition	Proportion of identified serodiscordant couples among which the HIV-infected partner is initiated on ART as per TasP guidance (TDF/3TC/EFV)

Purpose	Provision of ART prophylaxis to non-positive partners of PLHIV is considered an important prevention measure and reaching virtual elimination of HIV infections. This indicator is needed to monitor use of TasP, aiming for 100% coverage of discordant couples.
Method of Measurement	**Numerator:** Number of identified discordant couples initiated on ART according to TasP SOP during last 3 months **Denominator:** Number of discordant couples (of whom HIV positive person's CD4 is 350-500) identified during the last 3 months(use previous indicator as denominator)
Suggested Disaggregation	Disaggregate by serodiscordant couples initiated on TasP with CD4 350-500 and those with CD4 <350 for HIV infected partner.
Data Source(s)	Pre-ART/ ART site report
Data Available?	Not yet available in pre-ART or ART report. New reporting format will need to be developed.

Integrated HIV services at adult pre-ART/ ART sites

Indicator 55: Number and Percentage of PLHIV enrolled in pre-ART/ART services who received positive prevention in the last three months (boosted CoC indicator)	
Definition	Proportion of patients enrolled in pre-ART and ART who are receiving positive prevention services
Purpose	Needed to determine the level of coverage and implementation of positive prevention services across all ART sites.
Method of Measurement	**Numerator**: Number of PLHIV enrolled in ART/pre/ART services who received at least three services for positive prevention (based on the report format) **Denominator**: Total number of PLHIV who are in pre-ART and ART
Suggested Disaggregation	By sex Individual service in positive prevention package (e.g. contraceptives, condoms, counseling)
Data Source(s)	NCHADS quarterly report
Data Available?	Not yet

Adult pre-ART

Indicator 56: Number and percentage of newly diagnosed PLHIV who newly enrolled in pre-ART during the last quarter (boosted CoC indicator)	
Definition	Proportion of PLHIV who are newly identified positive and enrolled in care in the same period
Purpose	To determine the rate of new PLHIV enrolment and to estimate the level of drop-out from HTC to pre-ART
Method of Measurement	**Numerator**: Number of newly diagnosed PLHIV who newly enrolled in pre-ART (adult) during the quarter **Denominator:** Total number of PLHIV newly identified during the quarter

Suggested Disaggregation	By sex By sub-population (i.e. MARPs, TB cases, PW, etc.)
Data Source(s)	VCT register, pre-ART register Pre-ART/ ART report – to understand rate of enrollment among PLHIV
Data Available?	Some sites may have tracking system from VCT to pre-ART
Indicator 57: Number and Percentage of Pre-ART and ART patients who received CD4 count every six months (maximum 210 days) (boosted CoC indicator)	
Definition	Proportion of patients in care who receive routine immunological (CD4) monitoring as per national guidelines
Purpose	To monitor coverage of CD4 testing among PLHIV
Method of Measurement	**Numerator**: Number of patients on Pre-ART and ART who received 2 CD4 tests in the previous 15 month period **Denominator**: Total number of patients on Pre-ART and ART
Suggested Disaggregation	Disaggregate by pre-ART and ART patients
Data Source(s)	NCHADS; CQI
Data Available?	Only available through electronic database and CQI
Indicator 58: Number and Percentage of pre-ART patients who died in the last three months (boosted CoC indicator)	
Definition	Proportion of PLHIV enrolled in pre-ART who died during the quarter
Purpose	To monitor mortality rate among PLHIV enrolled in pre-ART
Method of Measurement	Numerator: Number of pre-ART patients who died in the last three months Denominator: Number of pre-ART patients at the end of the previous quarter + new pre-ART PLHIV during the period
Suggested Disaggregation	By sex
Data Source(s)	Pre-ART / ART report
Data Available?	Yes, in pre-ART reports from current and previous quarters
Indicator 59: Number and Percentage of pre-ART patients who were lost to follow-up in the last three months (boosted CoC indicator)	
Definition	Proportion of PLHIV enrolled in pre-ART who were lost during the quarter
Purpose	To monitor rate of Loss to Follow Up among PLHIV enrolled in pre-ART
Method of Measurement	**Numerator**: Number of pre-ART patients who were lost to follow-up in the last three months **Denominator**: Number of pre-ART patients at the end of the previous quarter + new pre-ART PLHIV during the period
Suggested Disaggregation	Already disaggregated through use of individual indicators
Data Source(s)	Pre-ART /ART report
Data Available?	Yes

Adult ART

Indicator 60: Number and percentage of eligible PLHIV (defined as CD4 count<350) on ART (adult) at the end of the quarter (boosted CoC indicator)	
Definition	Proportion of PLHIV who are eligible for treatment that have been

	initiated on ART
Purpose	To define the level of ART coverage among patients
Method of Measurement	**Numerator**: Number of people with advanced HIV infection on ART (Adult) at the end of the quarter **Denominator**: Cumulative total of PLHIV identified MINUS cumulative total of deaths cases
Suggested Disaggregation	By sex
Data Source(s)	Pre-ART/ ART report
Data Available?	Yes, DMU collects every quarter
Indicator 61a: Number and percentage of patients in Pre-ART and ART who transferred out during previous three month period	
Definition	Proportion of PLHIV enrolled in Pre-ART and ART who transferred out during the quarter
Purpose	To assess the level of mobility among PLHIV enrolled in Pre-ART and ART
Method of Measurement	**Numerator**: Number of patients who transfer out during previous three month period **Denominator**: Number of ART patients at the end of the previous quarter + new ART patients during the period
Suggested Disaggregation	By sex By pre-ART and ART
Data Source(s)	ART quarterly report
Data Available?	Check if available for pre-ART; should be included (see above section)
Indicator 61b: Number and percentage of transferred-in Pre-ART and ART patients during previous three month period	
Definition	Proportion of transferred-in patients enrolled in ART during the quarter
Purpose	To assess the level of mobility among PLHIV enrolled in ART
Method of Measurement	**Numerator**: Number of patients who transferred in during previous three month period **Denominator**: Number of ART patients at the end of the previous quarter + new ART patients during the period
Suggested Disaggregation	By sex By pre-ART and ART
Data Source(s)	ART quarterly report
Data Available?	Check if available for pre-ART; should be included (see above section)
Indicator 62: Number and percentage of PLHIV on ART with late visits beyond ARV supply buffer date during the last three months (boosted CoC indicator)	
Definition	Percentage of visits of ART patients who come to the clinic beyond the date of ARV supply buffer.
Purpose	This indicator is a proxy for measuring adherence to ART.
Method of Measurement	**Numerator**: Total number of visits of ART patients who come to the clinic beyond the date of ARV buffer supply during the previous three months period. **Denominator**: Total number of visits of ART patients who come to the clinic during the previous three months period
Suggested Disaggregation	By sex
Data Source(s)	NCHADS databases
Data Available	Yes

Comment:	ARV buffer supply period is an additional period to the period from a visit to the next appointment visit – usually 3-5 days depends on the site.)
Indicator 63: Number and Percentage of newly identified ART eligible patients who received ART within 30 days (15 days for the sites where CD4 count machine is available) during the last three months (boosted CoC indicators)	
Definition	ART eligible patients are patients with CD4<350 cc/mm^3 or patients with WHO stage 3 or stage 4 or HIV infected patients with TB
Purpose	To monitor the timing of the initiation of ART treatment and to ensure that this is in line with the national guidelines on ART.
Method of Measurement	**Numerator:** Number of PLHIV who are newly identified as ART eligible who received ART within 30 days (15 days for the sites where CD4 count machine is available) in the previous three months period. **Denominator:** Total number of ART eligible patients within period 30 days (15 days for the sites where CD4 count machine is available) in previous three months period.
Suggested Disaggregation	By sex
Data Source(s)	NCHADS databases
Data Available?	Yes
Indicator 64: Number and percentage of Adult PLHIV on ART still alive at 12 months of ART during the previous 2 years? (boosted CoC indicator)	
Definition	Proportion of the adult ART patients who are still alive and on ART after 1 year on treatment
Purpose	To monitor retention and long-term survival of adult ART patients
Method of Measurement	**Numerator**: Number of adult ART PLHIV who initiated ART 12-15 months prior who are still on ART at 12 months **Denominator**: Number of adult ART PLHIV who initiated ART 12-15 months prior
Suggested Disaggregation	By sex
Data Source(s)	ART Patient Database
Data Available?	Yes; Indicator is routinely produced by DMU, but may require some work each time – is it possible to develop a "do file" or similar so that the indicators are quickly produced?
Indicator 65: Number and percentage of Adult PLHIV on ART still alive at 48 months of ART (boosted CoC indicator)	
Definition	Proportion of the adult ART patients who are still alive and on ART after 4 years on treatment
Purpose	To monitor retention and long-term survival of adult ART patients
Method of Measurement	**Numerator:** Number of adult ART PLHIV who initiated ART **48** months prior who are still on ART at **48** months **Denominator**: Number of adult ART PLHIV who initiated ART 48 months prior
Suggested Disaggregation	By sex
Data Source(s)	ART Patient Database
Data Available?	DMU collects this data
Note:	Indicator is routinely produced by DMU, but may require some work each time – is it possible to develop a "do file" or similar so that the indicators are quickly produced?

Indicator 66: Number and percentage of Adult PLHIV on ART lost to follow up after 12 months of ART (boosted CoC indicator)	
Definition	Proportion of Adult PLHIV on ART lost to follow up after 12 months
Purpose	To monitor loss to follow up in the ART cohort
Method of Measurement	**Numerator**: Number of Adult PLHIV on ART lost to follow up after 12 months **Denominator**: Number of PLHIV initiated on ART during the period and who have more than 12 months follow-up on ART
Suggested Disaggregation	By sex
Data Source(s)	ART Patient Database
Data Available?	Yes: Indicator is routinely produced by DMU, but may require some work each time – is it possible to develop a "do file" or similar so that the indicators are quickly produced?
Indicator 67: Number and percentage of adult PLHIV on ART who received viral load testing at 12 months after ART initiation according to National Guidelines (boosted CoC indicator)	
Definition	Proportion of ART patients receiving routine virological monitoring as per national guidance
Purpose	To monitor that PLHIV on ART are receiving viral load testing within the prescribed 12 month period as per National Guidelines
Method of Measurement	**Numerator:** Number of adult PLHIV on ART who received viral load testing at 12 months after ART initiation **Denominator:** Number of PLHIV reached 12 months on ART during the period
Suggested Disaggregation	By sex
Data Source(s)	ART database
Data Available?	Yes
Indicator 68: Number and percentage of adult PLHIV on ART who are virologically suppressed at 12 months of treatment, by age and gender (TasP indicator)	
Definition	Proportion of adult patients on treatment after 12 months who are virologically suppressed
Purpose	To monitor key outcome of ART (and TasP in particular): complete viral suppression with undetectable viral load for patients on ART
Method of Measurement	**Numerator:** Number of *adult* PLHIV on ART with undetectable VL at 12 months of treatment **Denominator:** Number of adult PLHIV on ART who received viral load testing at 12 months after ART initiation
Suggested Disaggregation	Consider disaggregating by years on treatment, ART regimen, by sex
Data Source(s)	ART database
Data Available?	Not yet, confirm with DMU and Lab (Data is available, but not complete)
Comment	will underestimate virologic suppression since VL focused on treatment failure suspects and those on ART for many years

Indicator 69: Number and percentage of children with advanced HIV infection on ART at the end of the quarter (boosted CoC indicator)	
Definition	Number of children, with advanced HIV infection and who are on ART, at the end of the quarter. "Children" are defined as age < 15 year old. The definition of "advanced HIV infection" includes WHO stage III/ IV and by CD4 level is age dependent.
Purpose	To monitor the level of treatment coverage among ART-eligible children.
Method of Measurement	**Numerator:** Number of children with advanced HIV infection on ART at the end of the quarter **OD Denominator**: Total number of PLHIV children enrolled in care and antiretroiviral treatment at the end of the quarter **National Denominator**: Estimated number of HIV infected children in need of ART (source: HIV projections report)
Suggested Disaggregation	<2 year old; (all are eligible) 2-5 year old; (CD4 < 750 or CD4% < 25%) > 5 years old ; (CD4 < 350)
Data Source(s)	Pre ART/ ART PAC report
Data Available?	Yes, assuming that all on ART had advanced HIV infection when initiated
Indicator 70: Number and percentage of HIV infected children <5 y receiving prophylaxis with CXT (boosted CoC indicator)	
Definition	Proportion of HIV infected children < 5 year old receiving Cotrimoxazole
Purpose	Assess coverage of CTX prophylaxis
Method of Measurement	**Numerator:** Number of HIV-infected children <5y enrolled in Pre-ART/ ART receiving CXT **Denominator**: Number of children < 5y enrolled in Pre-ART/ ART
Suggested Disaggregation	None
Data Source(s)	Pre-ART / ART or PAC report?
Data Available?	Yes
Comments	Should not include HIV exposed infants in numerator
Indicator 71: Percentage of children on ART with late visits beyond ARV supply buffer date during the last three months (boosted CoC indicator)	
Definition	Children are HIV infected individuals < 15 years old Late beyond buffer depends on how much drug buffer is given – usually 3-5 days. *Could either calculate based on number of pills prescribed and visit schedule or could pick a standard number of days.*
Purpose	Late beyond ARV supply buffer is an indicator of ART adherence
Method of Measurement	**Numerator**: During the past three months, number of PLHIV children on ART with at least one late visit beyond ART supply buffer date **Denominator**: Total number of PLHIV children on ART who visited the site during the past three months
Suggested Disaggregation	None
Data Source(s)	Patient file (would require chart review) PAC registers

	Pediatric database (need to check)
Data Available?	In patient file. Data not yet available. Would require chart review
Indicator 72: Number and percentage of children PLHIV on ART still alive and on treatment at 12 months of ART (boosted CoC indicator)	
Definition	Children PLHIV < 15 years old and on ART who are alive and on ART after one year
Purpose	To monitor quality of the pediatric treatment program
Method of Measurement	**Numerator:** Number of children PLHIV on ART still alive and on treatment after 12 months **Denominator**: Number of children PLHIV initiated on ART during the period and who have more than 12 months follow-up on ART **Numerator**: Number of children PLHIV who initiated ART 12-15 months prior who are still on ART at 12 months **Denominator**: Number of children PLHIV who initiated ART 12-15 months prior
Suggested Disaggregation	None, though sometimes it's disaggregated boys and girls
Data Source(s)	PAC charts; when available, the PAC database
Data Available?	Patient registers/records
Comment	Needs to be analyzed as a cohort
Indicator 73: Number and percentage of children PLHIV on ART still alive at after 48 months of ART (boosted CoC indicator)	
Definition	Children PLHIV < 15 years old and on ART who are alive and on ART after two years
Purpose	To monitor quality of the pediatric treatment program over a longer period of time
Method of Measurement	**Numerator**: Number of children PLHIV who initiated ART **48** months prior who are still on ART at **48** months **Denominator**: Number children PLHIV who initiated ART 48 months prior
Suggested Disaggregation	None.
Data Source(s)	PAC charts; when available, the PAC database
Data Available?	Currently in patient charts
Indicator 74: Number and percentage of children PLHIV on ART lost to follow up at 12 months of ART (boosted CoC indicator)	
Definition	Proportion of children PLHIV on ART who are lost for at least three months and not dead or transferred out
Purpose	To monitor quality of the pediatric treatment program. Loss to follow-up is a measure of retention on treatment.
Method of Measurement	**Numerator:** Number of children PLHIV on ART lost to follow up after 12 months. Lost is defined as no visit for at least three months and not dead or transferred out **Denominator:** Number of children PLHIV initiated on ART during the period and having more than 12 months follow-up on ART
Suggested Disaggregation	None
Data Source(s)	PAC charts; when available, the PAC database
Data Available?	Currently in patient charts
Indicator 75: Number and percentage of children patients who receive viral load testing at 6months after ART initiation during the last 12months (boosted CoC indicator)	
Definition	Proportion of children PLHIV on ART who receive virological monitoring per guidelines

Purpose	To monitor quality of the pediatric treatment program in providing essential monitoring tests.
Method of Measurement	**Numerator:** Number of children PLHIV on ART who received viral load testing at 6months after ART initiation **Denominator**: Number of children PLHIV reached 12 months on ART during the period
Suggested Disaggregation	None
Data Source(s)	PAC charts; when available, the PAC database, NCHADS lab
Data Available?	Currently in patient charts
Indicator 76: Percentage of children PLHIV on ART who are virologically suppressed at 12 months of treatment by age and gender (TasP indicator)	
Definition	Proportion of children PLHIV on treatment after 12 months who are virologically suppressed Virologically suppressed is defined as having an undetectable viral load (< 50 copies/ mL, or should we use 1,000?)
Purpose	To monitor effectiveness of ART among children
Method of Measurement	**Numerator**: number of children PLHIV on ART with undetectable VL at 12 months of treatment **Denominator**: Number of children PLHIV on ART who received viral load testing at 12 months after ART initiation
Suggested Disaggregation	By age < 2, 2-4 years old, 5-14; by male/ female
Data Source(s)	PAC charts; when available, the PAC database
Data Available?	Currently in patient charts

TB-HIV

Indicator 77: Number and percentage of adults enrolled in pre-ART and ART who were symptom screened for TB at each visit during the last three months (BCoC indicator)	
Definition	Proportion of PLHIV patients in pre-ART and ART who receive TB symptom screening
Purpose	To measure performance on TB screening among HIV infected patients in care and treatment.
Method of Measurement	**Numerator:** Number of adults in pre-ART and ART who were symptom screened for TB at each visit within the past 3 months **Denominator**: Number of adult patients in pre-ART and ART with follow up visits within the past 3 months
Suggested Disaggregation	By pre-ART and ART
Data Source(s)	Pre-ART/ ART database
Data Available?	Yes
Comment:	This is a CQI indicator, but CQI only for newly enrolled patients
Indicator 78: Number and percentage of new TB patients who receive HIV testing and counseling (TB) during the last three months (BCoC indicator)	
Definition	Proportion of new TB patients who receive HIV TC.
Purpose	To assess whether TB patients are offered HTC per SOPs and know their HIV status. TB patients have a high prevalence of HIV.

Method of Measurement	**Numerator:** Number of new TB patients who receive HIV testing and counseling Should exclude TB patients with previously known positive HIV status from the numerator and denominator. **Denominator:** Number of new TB patients during the last three months
Suggested Disaggregation	None
Data Source(s)	CENAT (OD) TB treatment register, CENAT report
Data Available?	Yes
Indicator 79: Number and percentage of HIV positive new TB cases who received ART 2-4 weeks of active TB treatment during the last six months (BCoC indicator)	
Definition	Among newly diagnosed TB adult cases who are also found HIV co-infected, how many received ART after two weeks of TB treatment.
Purpose	To assess early initiation of ART among adult TB patients per national SOP
Method of Measurement	**Numerator:** Number of adult HIV positive new TB cases who received ART after two weeks of TB treatment **Denominator:** Number of HIV positive new TB cases during the period Exclude PLHIV who are already on ART and then diagnosed with TB
Suggested Disaggregation	None
Data Source(s)	CENAT report (new HIV-TB cases) + pre ART/ ART report (ART initiation within two weeks)
Data Available?	Yes, but information not reliably in one source document
Indicator 80: Number and percentage of pre-ART adults starting IPT (at sites with IPT) among IPT eligible patients (TB symptom screen negative) during the last three months (BCoC indicator)	
Definition	Proportion of IPT eligible PLHIV adult pre-ART patients who receive IPT per protocol. IPT eligible is defined as TB symptom screen negative and not already on TB treatment
Purpose	Monitor the coverage of IPT at Pre-ART/ART sites per national SOP.
Method of Measurement	**Numerator**: Number of TB symptom screen negative adults enrolled in Pre-ART started on IPT **Denominator:** Total number of adults enrolled in Pre-ART who are TB symptom screen negative Exclude adult PLHIV in Pre-ART who are on TB treatment
Suggested Disaggregation	None
Data Source(s)	Patient chart. In sites with an electronic database, can extract from the database. The data will be obtained from the pre-ART register and reported into the facility pre-ART quarterly report
Data Available?	Yes
Indicator 81: Number and percentage of HIV infected patients on IPT who have completed the six month regimen during the previous year (BCoC indicator)	
Definition	Proportion of adult PLHIV started on IPT who completed at least a six month course of IPT
Purpose	To assess adherence to the national SOP on provision of IPT

Method of Measurement	**Numerator**: Number of HIV infected patients started on IPT in the past 12 months who have completed at least a six month course of IPT **Denominator:** Number of HIV infected patients started on IPT during the 12 month period *for both, should include people who started IPT from 6 to 12 months prior to assessment (since
Suggested Disaggregation	None
Data Source(s)	Patient chart. In sites with an electronic database, can extract from the database. If no electronic database, can check from Pre-ART register
Data Available?	Yes

Laboratory Support

Indicator 82: Number and percentage of VCCT Labs that participated with serology EQAS during the last six months (BCoC indicator)	
Definition	Proportion of VCCT labs that received and reported back results from the proficiency panel testing in the past 6 months
Purpose	To monitor participation in an external quality assurance program per national SOP
Method of Measurement	**Numerator**: Number of VCCT Labs that participated with serology EQAS (reported results for proficiency panel testing) in the past 6 months **Denominator**: Total number of VCCT labs on the country over the past 6 months
Suggested Disaggregation	None
Data Source(s)	NCHADS/ NIPH report
Data Available?	Yes
Indicator 83: Number of CD4 labs that participated with EQAS during the last six months (BCoC indicator)	
Definition	Proportion of CD4 labs receiving and reporting results for proficiency panel testing
Purpose	To monitor participation in an external quality assurance program per national SOP in the past 6 months
Method of Measurement	**Numerator:** Number of CD4 Labs that participated with EQAS (reported results for proficiency panel testing) in the past 6 months **Denominator**: Number of CD4 Labs in country over past 6 months
Suggested Disaggregation	None
Data Source(s)	NCHADS report
Data Available?	Yes
Comment:	Will be reported as a national indicator, not by OD.

Indicator 84: Number of PLHIV Self Help Groups (SHGs) actively providing CBPCS services in the community during the last three months	
Definition	This indicator measure the number of PLHIV SHGs established which contains of a variety of PLHIV supported by CBPCS
Purpose	To provide an indicator of the amount of CBPCS available
Method of Measurement	Records of SHGs maintained by NGO who is implementing the activities. Only count the number of PLHIV SHGs **Numerator:** Number of PLHIV SHG in the OD **Denominator**: None
Suggested Disaggregation	None
Data Source(s)	IA report; OD report, NGO who is implementing activity
Data Available?	Yes
Indicator 85: Number and percentage of PLHIV SHGs members during the last three months	
Definition	This indicator measures the number and proportion of PLHIV SHGs members in the past three months
Purpose	Provide an indicator of community support to PLHIV
Method of Measurement	Records of number of SHG members maintained by the NGO who is implementing activity during the last three month **Numerator**: Number of PLHIV SHGs members in the OD in the past three months. **Denominator**: Number of PLHIV in the OD
Suggested Disaggregation	by sex
Data Source(s)	IA Report; OD report, NGO who is implementing the activity
Data Available?	Yes
Indicator 86: Number and percentage of HCs with CBPCS/HBC supports during the last three months	
Definition	This indicator measures number of health centers supported by CBPCS. CBPCS programs can cover external support, including counseling, medical care, help with household work, companionship, financial support, legal services, care, support for schooling, access or referral to shelter, or other medical/social services. Some of these services will be provided at household level and some at community level, and this indicator measures both. Individuals 'reached' are those counted as being direct beneficiaries of a programme or project.
Purpose	To measure extent and geographic coverage of CBPCS
Method of Measurement	Count each health center reached directly under CBPCS program during the reporting period **Numerator:** Number of HCs with CBPCS support **Denominator**: Number of HCs
Suggested Disaggregation	By Operational District Other: Administrative district and commune
Data Source(s)	OD report and NGO who is implementing the activity
Data Available?	Will have data at NGO who is implementing activity

Annex 2-List of Core guided Questions for in depth interview (IDI) and focus group discussion (FGD)

Management, Coordination and Monitoring

To be asked/determined at OD level

1. Have existing coordination bodies for Linked Response, Continuum of Care and Continuum of Prevention to Care and Treatment been merged into a single body for reviewing progress (of the Cambodia 3.0 initiative)? Yes/No (If No - is this the intention in the future?)
2. Is the membership of the coordination body comprised of at least the following representatives: PASP, P-MCH, Clinicians, Hospital Director, Community-based prevention, care and support (CBPCS), Village Health Support Groups, PLHIV representatives? Yes/No/Partly (please describe)
3. Is there evidence of at least one meeting per semester where relevant HIV-related data have been analyzed and used to monitor progress and/or inform changes in HIV programme management? Yes/No/Partly (please describe)
   If not, what is the reason this is not happening?
4. Is there evidence that the coordination body is used to identify and track patients lost to follow-up? Yes/No/Partly (please describe)
   If not, what is the reason this is not happening?
5. In assessing supervision visits to health centers is there evidence that:
   a. Quality of HIV patient records and registers were reviewed? Yes/No/Partly (please describe)
   b. Gaps and weaknesses in service provision and/or monitoring identified and follow-up action determined? Yes/No/Partly (please describe)
6. Is an organized patient filing system in place at health centers/? Yes/No/Partly (please describe)
7. Is there evidence of an effective reporting and feedback mechanism with coordination platforms from health center to OD and OD to provincial and provincial to national levels? Yes/No/Partly
   If yes, please describe whether the linkages, levels and functions appear to be clearly understood?
8. What recommendations do you have to improve management, coordination and monitoring?
9. Do you have anything else that you want to tell me?

Boosted CoPCT

a) For members of key affected populations (PWID, EW, MSM and TG and their partners/ clients):

1. What HIV-related services have you ever received/used?

2. What did you think of the service you received/used? What did you like/not like most? (Please provide practical examples in terms of type, accessibility and quality of services)
3. When you received service for HIV, what type of information were you provided? What did you like/not like about this information or how it was provided? What more would you like to know?
4. What recommendations do you have to improve the quality of HIV education, referral to or onsite HIV and STI testing, care, treatment and other support?
5. For female MARPs: what specific recommendations do you have to improve the quality of HIV education and services?
6. Have you ever received an education sessions/been given a condom?

   If yes, were you shown how to use a condom during this session?

   Were you provided a referral slip when referred to HIV/STI, reproductive health, services, etc?
7. Is there any HIV related service you feel you need but is not available to you?
8. Do you have anything else that you want to tell me? Is there anything else you think government services need to do specifically for you?

b) For HIV Positive MARPs

1. How did you learn about your status? Were you satisfied with the way you were told about your status? If yes, what did you like? If not, what did you not like?
2. Do you have a partner? If yes, does your partner know his/her status? If yes, how did he/she come to know his status? If no, why does he/she not know his/her status?
3. Have you/your HIV+ positive partner ever been referred for treatment because of your status?

   If yes:

   How many days/weeks after you found out about your/his/her status were you/he/she referred for treatment?

   What did you like the most about the treatment service you received? What did you not like?
4. What recommendations do you have to improve the quality of testing and treatment services?
5. Do you have anything else that you want to tell me?

c) For (known, voluntarily disclosed) Partners of HIV Positive MARPs

1. How did you learn about your status? Were you satisfied with the way you were told about your status? If yes, what did you like? If not, what did you not like?
2. Have you/your HIV+ positive partner ever been referred for treatment because of your status?

   If yes:

   How many days/weeks after you found out about your/his/her status were you/he/she referred for treatment?

   What did you like the most about the treatment service you received? What did you not like?
3. What recommendations do you have to improve the quality of testing and treatment services?
4. Do you have anything else that you want to tell me?

d) For health workers and health program managers (government and NGO)

1. What do you think of the services you provide?
2. What do you think your clients like/not like the most?
3. What type of information have you provided to clients? How do you provide this information? Do you feel you provide enough information to clients, or is there anything more they could benefit from knowing?
4. What recommendations do you have to improve the relevance, accessibility and quality of prevention and treatment services for MARPs in the area you serve?
5. Is there anything else that you think we need to know about your clients, for example, do they have special needs that are not being met?
6. Is there any HIV related service currently not available that you feel should be available for your clients?
7. What do you think are the most common reasons why patients do not want to seek services?
8. Do you have anything else that you want to tell me?

e) For outreach workers (OW)

1. What did you think of the services you provide?
2. What do you think your clients like/not like most?
3. What type of information have you provided to clients? How do you provide this information?
4. Do you think your clients are satisfied with the information you provide? If no, what are they not satisfied with? Is there anything more they could benefit from knowing?
5. Do your feel comfortable running HIV counseling session with MARPs?
6. Do your feel that MARPs you have advised to test for STI or HIV will do so? If no, why do you think they will not seek testing?
7. What do you think are the most common reasons why patients do not want to seek services?
8. What could be done differently to assist MARPs and patients to notify and bring their partners to also seek services?
9. Have you received the needed support and assistance from the NGO staff (field staff) you work with?
10. What are the most common challenges you have been facing during your outreach?
11. What recommendations do you have to improve the quality of outreach and referral provided in your service area?

eMTCT/Boosted Linked Response

a. ***For pregnant women*** **ANC and PW HTC**

1. Have you ever been offered an HIV test?
2. Do you know where to test for HIV? If yes, how do you know about this service?

   If offered a test or had a test, what did you like most about the service? What did you not like?

3. What recommendations and suggestions do you have to improve the quality of counselling & testing services for pregnant women like you?

b. ***For HIV+ pregnant women* PMTCT and HEI**

1. How did you learn about your status? Were you satisfied with the way you were told about your status? If yes, what did you like? If not, what did you not like? Will you disclose your status to your partner (husband), if yes, why? or if not, why?
2. Does your partner know his status? If yes, how did he learn about his status? If no, why not?
3. Do your children know their status? If yes, how did they learn about their status? If no, why not?
4. Have you/your HIV+ positive partner/HIV+ children ever been referred for treatment? If yes, how many days/weeks after learning about your status were you/they referred? Please describe how this treatment referral took place? Did you experience any challenges with the referral? If yes, was assistance provided to overcome these challenges?
5. If you received HIV services, what did you like the most about the treatment service you received? What did you not like?
6. What type of information were you provided during referral and/or HIV treatment services? How was the information provided? What did you like/not like about this information? Is there any additional information you would like to know/receive?
7. What recommendations and suggestions do you have to improve the quality of testing and treatment services, for people like you? For your partner? For your children?
8. Do you have anything else that you want to tell me related to care and treatment?

c. ***For (Known, Voluntarily Disclosed) Partners of HIV Positive Pregnant Women***

1. How did you learn about your status? Were you satisfied with the way you were told about your status? If yes, what did you like? If not, what did you not like?
2. Have you/your spouse/children been referred for treatment?
3. What did you like most about the referral and treatment you received? What did you not like?
4. What recommendations and suggestions do you have to improve the quality of testing and treatment services?
5. Do you have anything else that you want to tell me related to care and treatment?

d. ***For Health Workers[1] and Health Program managers***

1. What do you like/not like about the testing and treatment services that you provide?
2. What do you think your clients (e.g. PW, HIV+PW) like the most? What do you think they don't like?
3. What type of information have you provided to your clients ((e.g. PW, HIV+PW)? What do you like/not like about this information and how it is provided? Do you think your clients are satisfied with the information you provide or do they need to know more? If yes, what is it?
4. Are there special needs of your clients that are not being met? If yes, please explain in detail.

[1] Health workers include staff from ANC, maternity, pediatric, VCCT labs, community based support networks

5. **What recommendations and suggestions do you have to improve the relevance, accessibility and quality of prevention[2] and treatment services for HIV+ pregnant women (and their spouses and children)?**
6. **Do you have anything else that you want to tell me? Any challenges, obstacles or barriers related to your works?**

Boosted CoC

a. <u>For male and female adult PLHIV and caregivers of children on treatment (pre-ART and ART)</u>:

1. **What treatment and support services have you received/used?**
2. **What did you think of the service you received/used? What did you like/not like most? (Please provide practical examples in terms of type, accessibility and quality of services)**
3. **What type of information were you provided during referral and/or HIV treatment services? How was the information provided? What did you like/not like about this information? Is there any additional information you would like to know/receive?**
4. **Have you or your child ever missed an appointment? What were the reasons why you missed the appointment?**
5. **What does your HIV treatment service do to support your or your child's adherence to your medication? (pill boxes, calendars, pill counts, etc)?**
6. **What could be done to improve your adherence to your medications as prescribed?**
7. **What recommendations do you have to improve the quality of referral, treatment and support?**
8. **Do you have anything else that you want to tell me? Is there anything else you think we need to do specifically for people like you?**

b. <u>For health workers and health program managers</u>

1. What did you think of the services you provide?
   What do you think your clients like/not like most?
2. What did you think of the services you provide?
   What do you think your clients like/not like most?
3. What type of information have you provided to clients?
   How do you provide this information?
   Do you feel you provide enough information to clients,
   or is there anything more they could benefit from knowing?
4. What are the most common reasons why patients miss their dose?
5. What are the most common reasons why patients miss their appointment?
6. What could be done differently to assist patients with:
   a. **always taking the correct medicine on time?**
   b. **always attending their clinical appointments?**
7. **What are the most common reasons why patient's forms are not completed? What could be done to ensure completeness of patients' records?**

[2] Prevention services include testing and family planning – i.e. positive prevention.

8. Is there anything else that you think we need to know about your clients, for example, do they have special needs that are not being met?
9. Is there any HIV related service currently not available that you feel should be available for your clients?
10. What do you think are the most common reasons why patients do not want to seek services?
11. What recommendations and suggestions do you have to improve the relevance, accessibility and quality of prevention and treatment services for MARPs in the area you serve?

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